

# CITY COUNCIL REPORT



Meeting Date: April 3, 2012  
 General Plan Element: *Land Use*  
 General Plan Goal: *Sensitively integrate land uses into the surrounding settings*

## ACTION

**Acquisition of Control Change for Twisted Lizard 25-LL-2012.** To consider forwarding a recommendation to the Arizona Department of Liquor Licenses and Control for an Acquisition of Control Change for an existing Series 12 (restaurant) liquor license.

## OWNER

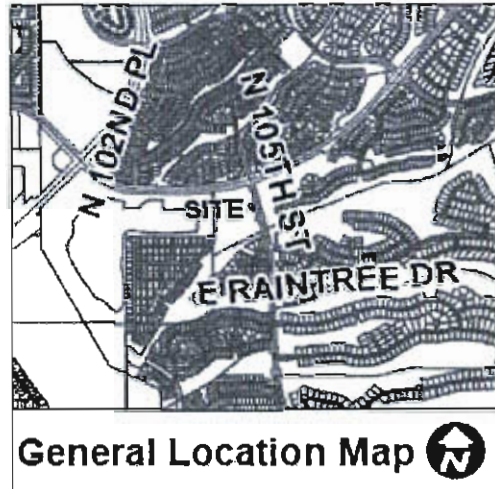
Twisted Lizard LLC

## APPLICANT CONTACT

Randy Nations

## LOCATION

10401 E McDowell Mountain Ranch Rd #A1



## BACKGROUND

This request is for an Acquisition of Control change of a Series 12 (restaurant) liquor license. Twisted Lizard has been operating since 2010.

## APPLICANT'S PROPOSAL

### Goal/Purpose of Request

The applicant is seeking a favorable recommendation on an Acquisition of Control Change for Twisted Lizard. This request is to add two new members to the LLC.

## **STATE GUIDELINES FOR CONSIDERING AN APPLICATION**

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### **A.R.S. Section 4-203 Granting an Acquisition of Control Change.**

The new agent must submit an application to the Arizona Department of Liquor Licenses & Control, which is then forwarded to the local governing body. The local governing body of the city, town or county may protest the acquisition of control within sixty days based on the capability, reliability and qualification of the person acquiring control.

## **OTHER LICENSES & PERMITS**

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### **Financial Management**

Revenue Collection has reported that the applicant has met City licensing requirements and all fees have been paid.

Spirituuous Liquor Tax Permit # Pending.

Scottsdale Transaction Privilege Sales Tax License # Pending.

## **IMPACT ANALYSIS**

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### **Public Safety Division.**

#### **Police Department:**

**Major life safety issues:** None noted.

**Code Enforcement:** There are no current cases of code violations at this time in relation to the liquor license.

## **COUNCIL OPTIONS & STAFF RECOMMENDATION**

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### **Council Options**

The City Council has the option of recommending approval, denial or no recommendation to the Arizona Department of Liquor Licenses and Control.

### **Staff Recommendation**

The City of Scottsdale staff has conducted a review and advises that the license request meets the criteria imposed for determining the capability, qualifications and reliability of the applicant.

### **Next Steps**

The City Council's recommendation of approval, denial or no recommendation will be forwarded to the Department of Liquor Licenses and Control for their consideration.

## **RESPONSIBLE DEPARTMENT(S)**

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Planning, Neighborhood and Transportation Division

Public Safety Division

Economic Vitality Division

## STAFF CONTACTS (S)

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Teri Gleason, Planning Assistant, [tgleason@scottsdaleaz.gov](mailto:tgleason@scottsdaleaz.gov)  
Planning, Neighborhood and Transportation Division

Tom Henny, Lieutenant, Patrol Enforcement Section, [thenny@scottsdaleaz.gov](mailto:thenny@scottsdaleaz.gov)  
Public Safety Division

Raun Keagy, Planning, Neighborhood and Transportation Director, [rkeagy@scottsdaleaz.gov](mailto:rkeagy@scottsdaleaz.gov)  
Planning, Neighborhood and Transportation

## APPROVED BY

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Tim Curtis, AICP, Current Planning Director  
312-4210 [tcurtis@scottsdaleaz.gov](mailto:tcurtis@scottsdaleaz.gov)

 3/12/2012

Connie Padian, Administrator  
312-2664, [cpadian@scottsdaleaz.gov](mailto:cpadian@scottsdaleaz.gov)

CP 3/13/12

## ATTACHMENTS

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- #1: Vicinity Map
- #2: Aerial Map
- #3: State Application Sections 1-17
- #4: State Background Information



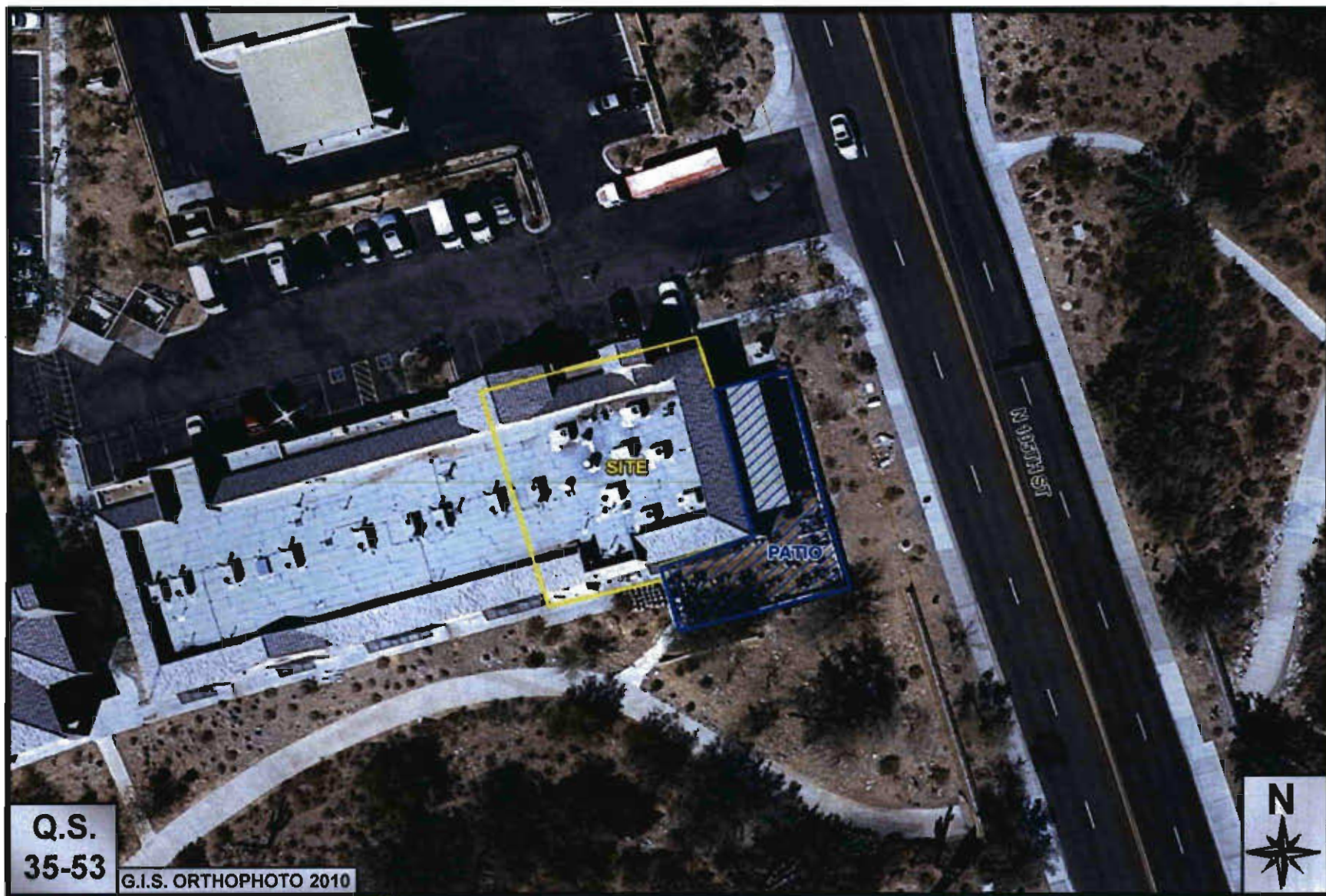


**25-LL-2012**

ATTACHMENT #1

**Twisted Lizard**





Twisted Lizard

# ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor

Phoenix AZ 85007-2934

www.azliquor.gov

(602) 542-5141

## APPLICATION FOR AGENT CHANGE - ACQUISITION OF CONTROL - RESTRUCTURE

Check  
Appropriate  
Box

☐ Agent Change

Complete Sections 1,2,3,4,6  
(See Note 1 on back)

☒ Acquisition of Control

Complete Sections 1,2, (3,4 if changing Agent), 6

☐ Restructure

Complete Sections 1,2,(3,4 if changing Agent), 5,6  
(See Note 2 on back)

25-LL-2012

### SECTION 1 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

1. Name (INDIVIDUAL OR EXISTING AGENT (if no agent change) OR NEW AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER)

Nations

Randy

D.

12078437

Last

First

Middle

Liquor License #

2. ☐ Corporation ☒ L.L.C. ☐ N/A: Twisted Lizard LLC

Corp. File #: L-1614930-9

(Exactly as it appears on Articles of Inc. or Articles of Org.)

3. Business Name: Twisted Lizard

4. Business Address: 10401 E McDowell Mountain Ranch Rd #A1 Scottsdale

Maricopa

85255

(Do not use P.O. Box Number)

City

COUNTY

Zip

5. Is the business located within the incorporated limits of the above city or town? ☒ Yes ☐ No

6. Mailing Address: P O Box 2502

Chandler

AZ

85244

City

State

Zip

7. Business Phone: (480) 538-0211

Residence Phone: (480) 730-2675

8. Does this transaction involve the sale of any portion of the corporate stock? ☒ YES ☐ NO ☐ N/A If yes, submit a certified copy of minutes.

9. Has there been any change of officers? ☒ YES ☐ NO ☐ N/A If yes, submit a certified copy of minutes.

### SECTION 2 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

Each person listed in Section II must submit a personal questionnaire (Form LIC0101) and a Department approved fingerprint card which may be obtained at the Dept. A person appearing in both lists need only submit one questionnaire and fingerprint card.

1. List individual owner or partners or all directors, officers in corp., members in LLC:

Last	First	Middle	Title	Residence Address	City State Zip
Taylor	Darren	Lee	Mng. Mem	3748 County Rd P43	Fort Calhoun NE 68023
Porter	Jeffrey	Len	Mng. Mem	P O Box 46 704 Fletcher St	Thurman IA 51654
T.K. Restaurants Inc.			Member	3748 County Rd P43	Fort Calhoun NE 68023
RJP Farms Inc			Member	P O Box 46 704 Fletcher St	Thurman IA 51654

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

2. List stockholders or controlling members owning 10% or more of Corp/LLC:

Last	First	Middle	% Owned	Residence Address	City State Zip
T.K. Restaurants Inc.			75	3748 County Rd P43	Fort Calhoun NE 68023
RJP Farms Inc			25	P O Box 46 704 Fletcher St	Thurman IA 51654

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

LIC0102 4/2009

Disabled individuals requiring special accommodations please call the Department

Date Received 02-27-12

CSR

ATTACHMENT #3

## SECTION 3

(COMPLETE THIS SECTION FOR AGENT CHANGE)

1. If the corporation/L.L.C. is owned by another entity, ATTACH AN OWNERSHIP AND DIRECTOR / OFFICER / MEMBER DISCLOSURE for the parent entity. Attach additional sheets as necessary in order to disclose real people.

As an Agent, will you be physically present and operating the licensed premises? ☐ YES ☒ NO

If you answered YES, you must provide proof of attendance of a Department approved Liquor Law Training Course within the last five years before your application for Agent can be submitted. If "no" a manager with approved training must be submitted.

## SECTION 4

(COMPLETE THIS SECTION FOR AGENT CHANGE)

To be completed by the INDIVIDUAL OR EXISTING AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER:

1. License Number: \_\_\_\_\_ Date of last renewal: \_\_\_\_\_
2. Current Licensee or Agent: \_\_\_\_\_  
(Exactly as it appears on license) Last First Middle

I, \_\_\_\_\_, hereby consent to the agent appointment named herein and  
(Print full name)

agree to immediately assign a new agent in the event of the death, resignation, or discharge of this agent. I also understand that if the background report shows that I, the corporation, or any officer, director, member, or stockholder have been convicted of a felony in the past five (5) years, I will immediately surrender the license to the Arizona Department of Liquor Licenses and Control and hereby waive all rights to appeal such action.

State of \_\_\_\_\_ County of \_\_\_\_\_

X \_\_\_\_\_  
(Signature of INDIVIDUAL/ CORPORATE/CLUB OFFICER/MEMBER)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Day Month Year

My commission expires on: \_\_\_\_\_

(Signature of NOTARY PUBLIC)

## SECTION 5

(COMPLETE THIS SECTION FOR RESTRUCTURE)

Is there more than one licensed premises involved? ☐ YES ☐ NO If yes, **SEPARATE APPLICATIONS** must be filed and fees paid for each license/location.

Type of current ownership:

- ☐ J.T.W.R.O.S.  
☐ INDIVIDUAL  
☐ PARTNERSHIP  
☐ CORPORATION  
☐ LIMITED LIABILITY CO.  
☐ TRUST  
☐ OTHER Explain \_\_\_\_\_

Type of new ownership:

- ☐ J.T.W.R.O.S.  
☐ INDIVIDUAL  
☐ PARTNERSHIP  
☐ CORPORATION  
☐ LIMITED LIABILITY CO.  
☐ TRUST  
☐ OTHER Explain \_\_\_\_\_

## SECTION 6 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

To be completed by INDIVIDUAL OR EXISTING AGENT (if no agent change) OR NEW AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER as listed in Question 1 Section 1:

I, Randy D. Nations, hereby declare that I am the APPLICANT filing this application.  
(Print full name)

have read the application and the contents and all statements are true, correct and complete.

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this

24 day of February 2012  
Day Month Year

X \_\_\_\_\_  
(Signature of INDIVIDUAL OR AGENT)

My commission expires on: \_\_\_\_\_

(Signature of NOTARY PUBLIC)

NOTE 1: The fee for an agent change must be submitted with this application: \$100.00 for the first application and \$50.00 for each additional application, not to exceed \$1,000.00. (A.R.S. 4-209.H)

NOTE 2: The \$100.00 fee for restructure MUST be submitted with this application (A.R.S. 4-209.A)

T. K. Restaurants Inc.  
|

Darren Lee Taylor  
100%  
Director

RJP Farms Inc.  
|

Jeffrey Len Porter  
100%  
President





**The annual meeting of the Board of Directors of the Corporation was held at the office of the corporation, on February 15, 2012**

**Darren Taylor and Jeff Porter were present. Darren Taylor was nominated and elected the managing member of the Twisted Lizard, L.L.C.**

**This nomination was carried unanimously.**

**There being no further business to come before the meeting, upon motion duly made, seconded and unanimously carried, the same was adjourned.**

**DATED:** February 15, 2012

Darren Taylor  
Member's Signature

Jeff Porter  
Member's Signature

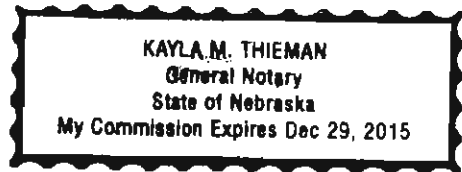
2-15-12

Date

2-15-12

Date

Kayla M. Thuman 2/15/12 Kayla M. Thuman 2/15/12  
Secretary Date Witness Date



State of Nebraska County of Douglas

The foregoing instrument was acknowledged before me this

15 day of February, 2012  
Month Year

My Commission expires on: 12 / 29 / 2015  
Day Month Year

Kayla M. Thuman  
(Signature of NOTARY PUBLIC)

Twisted Lizard, L.L.C. 10401 E. McDowell Mountain Ranch Rd Suite 1 Scottsdale, AZ 85255

Phone: 480-538-0211

Fax: 480-538-0370

12 FEB 27 11:41 AM '12

## MEMBERSHIP PURCHASE AGREEMENT

This Membership Purchase Agreement (the "Agreement") is made effective this 1<sup>st</sup> day of February, 2012 (the "Effective Date") by and between, Twisted Lizard LLC, an Arizona limited liability company (the "Company"), Gregory R. Kruger, an individual ("Kruger"), T.K. Restaurants, Inc., an Arizona corporation, ("T.K."), and RJP Farms, Inc., an Iowa corporation ("RJP"). The Company, Kruger, T.K., and RJP are collectively referred to as "Parties" and individually referred to as "Party".

### RECITALS

A. The Company was established on July 14, 2010 upon approval of the Articles of Organization (the "Articles") by the Arizona Corporation Commission.

B. The ownership of the Company is as follows:

Member	Percentage Interest
Kruger	100%

C. Kruger desires to sell all of Kruger's rights, title, and interest in the Company, past, present, or future (the "Kruger Interest") to T.K. and RJP.

D. The Parties desire that T.K. purchase seventy-five percent (75%) of the Kruger Interest and RJP purchase twenty-five percent (25%) of the Kruger Interest, as set forth herein. The Parties consent to such allocation of the membership rights in the Company.

NOW THEREFORE, in consideration of the foregoing and the mutual promises hereinafter set forth, the sufficiency of which is hereby acknowledged, the Parties hereby agree as follows:

### AGREEMENT

1. **Transfer of Kruger Interest.** Upon the Close of Escrow (as defined below), Kruger will: (i) transfer seventy-five percent (75%) of the Kruger Interest to T.K.; and (ii) transfer twenty-five percent (25%) of the Kruger Interest to RJP. Subsequent to Close of Escrow, T.K. will own a seventy-five percent (75%) interest in the Company and RJP will own a twenty-five percent (25%) interest in the Company, as set forth in the Amended and Restated Operating Agreement for Twisted Lizard LLC attached hereto as Exhibit "A" (the "Operating Agreement"), free and clear of any liens, mortgages, or encumbrances with respect to such interests in the Company.

2. **Operating Agreement for the Company.** Upon execution of this Agreement, T.K. and RJP will execute the Operating Agreement.

3. **Escrow.**

A. **Opening of Escrow.** Escrow is deemed opened ("Opening of Escrow") on the Effective Date.

B. **Close of Escrow.** "Close of Escrow" is defined as January 1, 2012.

C. **Deliveries at Close of Escrow.** At the Close of Escrow, Kruger will deliver to T.K. and RJP properly executed and acknowledged, if appropriate: (i) such instruments of sale, transfer, conveyance, and assignment as T.K. and/or RJP may reasonably request; and (ii) a bill of sale in form and substance reasonably satisfactory to T.K. and RJP.

4. **Payment for the Kruger Interest.** In consideration for Kruger transferring the Kruger Interest to T.K. and RJP as set forth herein, T.K. and RJP will pay Kruger three hundred thousand and no/100 dollars (\$300,000.00) (the "Purchase Price"). The Purchase Price will be made to Kruger as follows:

A. On Close of Escrow, RJP will pay Kruger seventy five thousand and no/100 dollars (\$75,000.00) (the "RJP Payment");

B. T.K. will pay Kruger two hundred twenty five thousand and no/100 dollars (\$225,000.00) (the "T.K. Payment") in accordance with the promissory note attached hereto as Exhibit "B".

C. No portion of the T.K. Payment by T.K. may be made from proceeds of the business operated by the Company.

5. **Binding Agreement.** This Agreement is binding upon and inures to the benefit of the Parties, their members, successors, affiliates, and assigns.

6. **Mutual Representations and Warranties of the Parties.** The Parties represent and warrant as follows:

A. Galbut & Galbut, P.C. does not represent any Party individually, and each Party has received independent legal advice from attorneys of his, her, or its choice with respect to the advisability of entering into this Agreement.

B. Except as expressly stated in this Agreement, no Party has made any statement or representation to any other Party regarding any fact, which statement or representation is relied upon by any other Party in entering into this Agreement. In connection with the execution of this Agreement or the negotiating of the terms provided for herein, no Party to this Agreement has relied upon any statement, representation, or promise of any other Party not expressly contained herein.

C. There are no other agreements or understandings between the Parties relating to the matters referred to in this Agreement.

D. All Parties have made such investigation of the facts pertaining to this Agreement as they deem necessary.

E. The terms of this Agreement are contractual and are the result of negotiation among the Parties.

F. This Agreement has been carefully read by each of the Parties and the contents thereof are known and understood by each of the Parties. This Agreement is signed freely by each Party executing it, with the requisite power and authority to do so.

7. **Confidentiality.** This Agreement and its terms are intended to be confidential, and the Parties will not disclose them to third-parties. The Parties are prohibited from discussing or otherwise communicating the terms of this Agreement with any member of the press or



the public, including print, electronic, broadcast media, or on the internet. However, nothing contained in this Agreement prohibits any of the Parties, or their attorneys, from disclosing either the existence of this Agreement or the terms of this Agreement (i) to their accountants, auditors, insurance agents, insurance companies or adjusters, financial advisors, attorneys, and immediate family members, provided such persons are informed of this confidentiality requirement; (ii) to their officers, directors, and employees in the regular course of business; (iii) as required by applicable federal and state securities laws and/or banking laws; (iv) to state and federal taxing authorities, securities regulators, or self-regulatory organizations; (v) to a state or federal court in the course of a litigated dispute; (vi) as required by applicable law; and (vii) as required to enforce this Agreement or as otherwise set forth by this Agreement. Each of the Parties may make such other disclosures as may be agreed to in writing by all of the other Parties.

**8. Notice.** In the event any notice is required to be provided pursuant to the terms of this Agreement, such notice must be provided by United States Certified Mail, Return Receipt Requested, or overnight mail. The notice is deemed received three (3) days from the date the notice is sent by that Party. All notices must be sent to the following addresses:

**If to the Company, then to:**

Twisted Lizard, LLC  
10401 East McDowell Mountain Ranch Road  
Scottsdale, Arizona 85255

**If to Kruger, then to:**

Gregory R. Kruger  
15215 North Kierland Boulevard, #438  
Scottsdale, Arizona 85254

**If to T.K., then to:**

T.K. Restaurants, Inc.  
10401 East McDowell Mountain Ranch Road  
Scottsdale, Arizona 85255

**If to RJP, then to:**

RJP Farms, Inc.  
PO Box 46  
704 Fletcher Street  
Thurman, Iowa 51654

**9. Cooperation.** The Parties will fully cooperate with each other, without compensation, to effectuate the intent of this Agreement and transition control of the Company.

**10. Binding Nature of Agreement; No Assignment.** This Agreement is binding upon and inures to the benefit of the Parties and their respective heirs, successors, and assigns, except that no Party may assign, delegate, or transfer its rights or obligations under this Agreement without the prior written consent of the other Parties. Any assignment, delegation, or transfer made in violation of this section is null and void.

11. **Modifications.** This Agreement may not be amended, canceled, revoked, or otherwise modified except by written agreement executed by the Parties.

12. **Severability.** In the event any provision of this Agreement is held to be void, voidable, or unenforceable, the remaining provisions remain in full force and effect.

13. **Jurisdiction.** In the event of an alleged default of or dispute arising out of or related to this Agreement, and irrespective of where the Parties currently reside or maintain their principal place of business, each consents to the jurisdiction of the Maricopa County Superior Court, in Phoenix, Arizona and will not object to the jurisdiction of that Court.

14. **Governing Law.** This Agreement is construed in accordance with and is governed by the laws of the State of Arizona.

15. **Attorneys' Fees and Costs.** In the event of any future dispute arising out of or related to this Agreement, the prevailing Party is entitled to recover its reasonable attorneys' fees and costs associated with that dispute.

16. **Recitals.** All recitals are incorporated in this Agreement by reference.

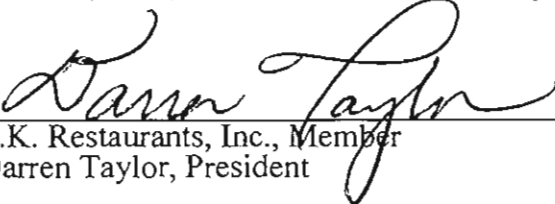
17. **Entire Agreement.** This Agreement contains the entire understanding of the Parties with respect to its subject matter.

18. **Counterparts.** This Agreement may be executed in one or more counterparts, each of which when executed and delivered is an original, and all of which when executed constitute one and the same instrument. Any Party may deliver its signed counterpart of this Agreement to the other Party by electronic mail or facsimile transmission and such delivery is deemed made upon receipt of such electronic or facsimile transmission by the other Party.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the Effective Date.

**THE COMPANY:**

Twisted Lizard, LLC, an Arizona limited liability company

By:   
T.K. Restaurants, Inc., Member  
Darren Taylor, President

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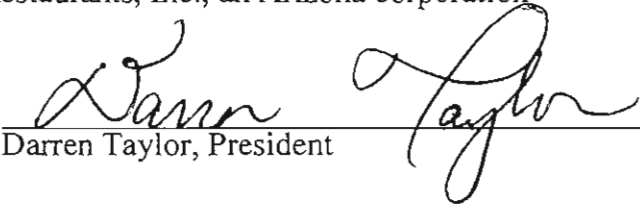
**KRUGER:**

Gregory R. Kruger, an individual

By:  \_\_\_\_\_  
Gregory R. Kruger

**T.K.:**

T.K. Restaurants, Inc., an Arizona corporation

By:  \_\_\_\_\_  
Darren Taylor, President

**RJP:**

RJP Farms, Inc., an Iowa corporation

By:  \_\_\_\_\_  
Jeff Rorter, President/CEO

12 FEB 27 11:09 AM '05



## ARIZONA DEPARTMENT OF LIQUOR LICENSES &amp; CONTROL

800 W Washington 5th Floor  
Phoenix AZ 85007-2934  
(602) 542-5141

## QUESTIONNAIRE

Attidavit on file  
P1002484 JB

Attention all Local Governing Bodies: Social Security and Birthdate information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with **BLACK INK**.  
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLEC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLEC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

12078437

(If the location is currently licensed)

1. Check appropriate box → ☐ Controlling Person ☒ Agent  
(Complete Questions 1-19)  
Controlling Person or Agent must complete #21 for a Manager

2. Name: Nations Randy D. Date of [REDACTED]  
Last First Middle (NOT a Public Record)

3. Social Security Number [REDACTED] License [REDACTED] State: AZ  
(NOT a public record) (NOT a public record)

4. Place of Birth: Morenci AZ USA Height: 6'1 Weight: 210 Eyes: Haz Hair: Bro  
City State Country (not county)

5. Marital Status ☐ Single ☒ Married ☐ Divorced ☐ Widowed Daytime Contact Phone: 480-730-2675

6. Name of Current or Most Recent Spouse: Nations Deborah Jean Collier Date [REDACTED]  
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? AZ If Arizona, date of residency: [REDACTED]

8. Telephone number to contact you during business hours for any questions regarding this document. 480-730-2675

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: Twisted Lizard Premises Phone: 480-538-0211

11. Physical Location of Licensed Premises Address: 10401 E McDowell Mtn. Ranch Rd #1 Scottsdale Maricopa 85255  
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
4/93	CURRENT	President	ALIC Enterprises LLC 1811 S Alma School Rd #268 Mesa AZ 85210

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↓

13. Indicate your residence address for the last five (5) years:


FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
12/95	CURRENT	Own	314 S Bayshore Blvd.	Gilbert	AZ	85233

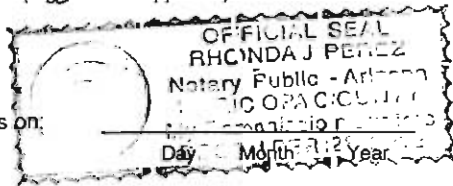
If you checked the Manager box on the front of this form skip to # 15

14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?  
If you answered YES, how many hrs/day? \_\_\_\_\_, and answer #14a below. If NO, skip to #15. ☐ YES ☒ NO
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)  
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license. ☐ YES ☐ NO
15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)? ☐ YES ☒ NO
16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? ☒ YES ☐ NO
17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? ☒ YES ☐ NO
18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? ☒ YES ☐ NO
19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? ☒ YES ☐ NO

If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement.  
Give complete details including dates, agencies involved, and dispositions.  
**SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED**

20. I, Randy D. Nations, hereby declare that I am the APPLICANT/REPRESENTATIVE  
(print full name of Applicant)  
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

X   
(Signature of Applicant)

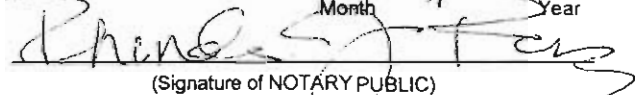


My commission expires on:

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this

27 day of February, 2012  
Month Year

  
(Signature of NOTARY PUBLIC)

**COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT  
APPROVING A MANAGER'S APPLICATION**

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license.  
The manager named must be at least 21 years of age.

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

X \_\_\_\_\_  
Signature of Controlling Person or Agent (circle one)

\_\_\_\_\_ day of \_\_\_\_\_  
Month Year

Print Name

(Signature of NOTARY PUBLIC)

My commission expires on: \_\_\_\_\_  
Day Month Year

P.O. Box 2502  
Chandler, Arizona 85244  
(480) 730-2675 Phone (480) 730-2676 Fax



## ARIZONA LIQUOR INDUSTRY CONSULTANTS

This addendum is written in response to questions 16, 17, 18, and 19 on the QUESTIONNAIRE.

In response to question 16, my company is currently contracted with over five hundred (500) liquor establishments statewide, not to mention those who have cancelled services since our inception in 1993. Depending on when this document is reviewed, it's possible that there may be a pending administrative citation, compliance action, arrest or summons against one of them.

In response to question 17, since I began ALIC in April of 1993, I have been associated with hundreds of liquor establishments and liquor licenses. Several of them have received citations (fines) and in some instances, a suspension. I work with the compliance officer on a regular basis acting as a representative for those who utilize my contract service. I do not however, have anything to do with the actual operation of any liquor establishment in this or any other state. Therefore, none of the violations to which I have just referred can be associated to me personally. Additionally, it would be almost impossible for me to give you a reconciliation of these violations, as I have been associated with so many licenses for so many years.

Question 18. In early 1995, I was involved in litigation over the sale of a class six (6) liquor license. The seller in this case presented documents to me, you (DLLC), and the Arizona Department of Revenue, showing him as the president of a corporation that owned a liquor license. He requested my assistance in selling this license, as I am a liquor license broker. The license was brokered and sold by me. Some weeks later I discovered that the individual selling the license on behalf of the corporation was a fraud, therefore the sale of the license illegal. After notifying the purchaser (victim), he instigated a lawsuit against both me and the escrow company used to consummate the sale of the license. The litigation against my company and me was later dropped; I did however have to pay the buyer's attorney's fees. Additionally, I prepared a felony complaint, took it to prior police associates at the Arizona Department of Public Safety and we obtained a five count Grand Jury Indictment and six year prison conviction against the fraudulent seller.

Question 19. I am currently the Administrative Agent on numerous liquor licenses throughout the State of Arizona. I have also owned liquor licenses that were purchased for resale only.

Respectfully Submitted,

Randy Nations,  
President ALIC

12 FEB 27 10:14 PM '93



## ARIZONA DEPARTMENT OF LIQUOR LICENSES &amp; CONTROL

800 W Washington 5th Floor  
Phoenix AZ 85007-2934  
(602) 542-5141

## QUESTIONNAIRE

802-787  
P1066678 JB

Attention all Local Governing Bodies: Social Security and Birthdate Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK.  
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLLC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLLC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

12078437

(If the location is currently licensed)

1. Check appropriate box → ☒ Controlling Person (Complete Questions 1-19) ☐ Agent (Complete All Questions except # 14, 14a & 21)  
Controlling Person or Agent must complete #21 for a Manager

2. Name: Taylor, Darren Lee Date of [REDACTED] (NOT a Public Record)

3. Social Security Number [REDACTED] Drivers License [REDACTED] NE (NOT a public record)

4. Place of Birth: Omaha, Ne USA Height: 602 Weight: 255 Eyes: Grn Hair: GRY  
City State Country (not county)

5. Marital Status ☐ Single ☒ Married ☐ Divorced ☐ Widowed Daytime Contact Phone: 402-981-0222

6. Name of Current or Most Recent Spouse: Taylor, Judy L Kelley Date of [REDACTED] (NOT a public record)  
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden

7. You are a bona fide resident of what state? Nebraska If Arizona, date of residency [REDACTED]

8. Telephone number to contact you during business hours for any questions regarding this document. 402-981-0222

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: Twisted Lizard, Premises Phone: 480-538-0211

11. Physical Location of Licensed Premises Address: 10401 E. McDowell Mountain Ranch Road Suite 11 Scottsdale, AZ 85255  
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
7/07	CURRENT	Restaurant	IN HOOT LLC dba Hooters 1306 S. 119 St Omaha NE 68144

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↑

13. Indicate your residence address for the last five (5) years: ↓

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
6/07	CURRENT	Own	3748 County Rd P43	Fort Calhoun	NE	68023

If you checked the Manager box on the front of this form skip to # 15

14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?  
If you answered YES, how many hrs/day? \_\_\_\_\_, and answer #14a below. If NO, skip to #15. ☐ YES ☒ NO
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)  
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license. ☐ YES ☒ NO
15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)? ☐ YES ☒ NO
16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? ☐ YES ☒ NO
17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? ☐ YES ☒ NO
18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? ☐ YES ☒ NO
19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? ☐ YES ☒ NO

If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement.  
Give complete details including dates, agencies involved, and dispositions.

SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

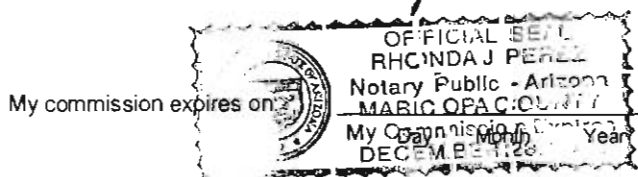
20. I, Darren Lee Taylor, hereby declare that I am the APPLICANT/REPRESENTATIVE  
(print full name of Applicant)  
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

X Darren L. Taylor  
(Signature of Applicant)

State of Az County of Maricopa

The foregoing instrument was acknowledged before me this  
21 day of February, 2012  
Month Year

Rhonda J. Perez  
(Signature of NOTARY PUBLIC)



**COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT  
APPROVING A MANAGER'S APPLICATION**

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license.  
The manager named must be at least 21 years of age.

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

X \_\_\_\_\_  
Signature of Controlling Person or Agent (circle one)

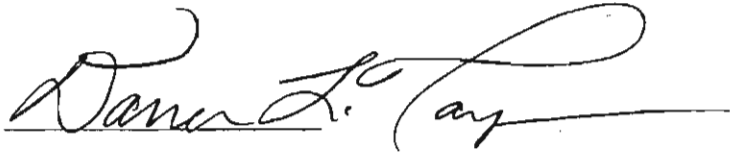
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

Print Name

(Signature of NOTARY PUBLIC)

My commission expires on: \_\_\_\_\_  
Day Month Year

On 11/20/2006 I, Darren L. Taylor was charged with disorderly conduct. The charge was dismissed by the State of Nebraska on 2/26/2007.

A handwritten signature in black ink, appearing to read "Darren L. Taylor". The signature is fluid and cursive, with a long horizontal stroke extending from the end.

Darren L. Taylor

#19 I own a Hortens in NE.

12 FEB 27 4:41 PM '08



## Justice Case Search

Page 1 of 3


[Courts Homepage](#)   [Case Search](#)   [Name Search](#)   [Have Questions?](#)
**Case Summary**

In the County Court of Douglas County

The Case ID is CR 07 0000498

Citation No.: P 0089294

State v. Darren L Taylor

Classification: Misdemeanor

Filed on 01/05/2007

by City Prosecutor of Omaha

This case is closed as of 02/26/2007

It was disposed as Dismissed by Prosecutor/party

Original appearance date 01/08/2007 at 13:30

**Parties/Attorneys to the Case**

Party  
Plaintiff State of Nebraska

Attorney  
Paul C Pennington  
1701 Farnam Street  
Omaha NE 68133  
402-444-5290

Defendant Darren L Taylor  
2048 Co Rd P43  
Ft Calhoun NE 68023

W. Randall Paragas  
9202 West Dodge Road, Suite 3  
Omaha NE 68114  
402-926-2300

Date of Birth is 08/15/1951 Drivers License is NE G29008143

**Offense Information**

Count Charge  
01 DISORDERLY CONDUCT  
Offense Date is 11/20/2006  
Plea is Not Guilty

Offense Class  
; Misdemeanor

**Arresting Officers**

Agency  
-----  
Omaha Police Department

Officer  
-----  
Bryan Kulhanek

**Court Costs Information**

Incurred By	Account	Date	Amount
Plaintiff	Filing Fees	01/05/2007	\$18.00
Plaintiff	NSC Education Fee	01/05/2007	\$1.00
Plaintiff	Dispute Resolution Fee	01/05/2007	\$0.75
Plaintiff	Indigent Defense Fee	01/05/2007	\$3.00
Plaintiff	Uniform Data Analysis Fee	01/05/2007	\$1.00
Plaintiff	J.R.F.	01/05/2007	\$5.00
Plaintiff	Filing Fee/JRF	01/05/2007	\$2.00
Plaintiff	Civil Legal Services Fund	01/05/2007	\$1.00
Plaintiff	L.E.I.F.	01/05/2007	\$1.00
Plaintiff	LASF/Non-waivable	01/05/2007	\$2.00

12 FEB 27 14:16 PM 4 28

## ARIZONA DEPARTMENT OF LIQUOR LICENSES &amp; CONTROL

800 W Washington 5th Floor  
Phoenix AZ 85007-2934  
(602) 542-5141

## QUESTIONNAIRE

802-787  
P1066679 JB

Attention all Local Governing Bodies: Social Security and Birthdate Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK.  
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLLC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLLC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

## Liquor License #

12078437

(if the location is currently licensed)

1. Check appropriate box →

☒ Controlling Person ☐ Agent

(Complete Questions 1-19)

Controlling Person or Agent must complete #21 for a Manager

☐ Manager (Only)

(Complete All Questions except # 14, 14a & 21)  
Controlling Person or Agent must complete # 21

2. Name: Porter Jeffrey Lee Date of [REDACTED]  
Last First Middle

3. Social Security Number: [REDACTED] State: Iowa  
(NOT a public record) (NOT a public record)

4. Place of Birth: Nebraska City NE USA Height: 5'11 Weight: 235 Eyes: br Hair: br  
City State Country (not county)

5. Marital Status ☐ Single ☒ Married ☐ Divorced ☐ Widowed

Daytime Contact Phone: 402-679-9454

6. Name of Current or Most Recent Spouse: Porter Tami Sue With Date [REDACTED]  
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? Iowa If Arizona, date of residency: [REDACTED]

8. Telephone number to contact you during business hours for any questions regarding this document. 402-679-9454

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card

10. Name of Licensed Premises: Twisted Wizard Premises Phone: 480-538-0217

11. Physical Location of Licensed Premises Address: 10401 E. McDowell Mountain Ranch Rd Scottsdale Maricopa  
Street Address (Do not use PO Box #) City County Zip 85253

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
1-1-90	CURRENT	Farmel	Self 704 Fletcher St. Thurman

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↓

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
10/99	CURRENT	0	704 Fletcher St.	Thurman	IA	51654

If you checked the Manager box on the front of this form skip to # 15

14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?  
If you answered YES, how many hrs/day? \_\_\_\_\_, and **answer #14a below**. If NO, skip to #15. ☐ YES ☒ NO
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)  
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license. ☐ YES ☐ NO
15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)? ☐ YES ☒ NO
16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? ☐ YES ☒ NO
17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? ☐ YES ☒ NO
18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? ☐ YES ☒ NO
19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? ☐ YES ☒ NO

If any answer to Questions 15 through 19 is "YES", YOU MUST attach a signed statement.  
Give complete details including dates, agencies involved, and dispositions.

**SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED**

20. I, Jeffrey Lee Porter, hereby declare that I am the APPLICANT/REPRESENTATIVE  
(print full name of Applicant)  
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

X Jeffrey Lee Porter  
(Signature of Applicant)

State of NE County of Douglas  
The foregoing instrument was acknowledged before me this  
13 day of February, 2012  
Month Year  
Kayla M. Thieman  
(Signature of NOTARY PUBLIC)

My commission expires on: 12 12 15  
Day Month Year

**COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT  
APPROVING A MANAGER'S APPLICATION**

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license.  
The manager named must be at least 21 years of age.

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

X \_\_\_\_\_ day of \_\_\_\_\_  
Signature of Controlling Person or Agent (circle one) Month Year

\_\_\_\_\_  
Print Name

My commission expires on: \_\_\_\_\_  
Day Month Year

(Signature of NOTARY PUBLIC)

KAYLA M. THIEMAN  
General Notary  
State of Nebraska  
My Commission Expires Dec 29, 2015

## ARIZONA DEPARTMENT OF LIQUOR LICENSES &amp; CONTROL

800 W Washington 5th Floor  
Phoenix AZ 85007-2934  
(602) 542-5141

## QUESTIONNAIRE

802-787  
\$1066680 JB

Attention all Local Governing Bodies: Social Security and Birthdate Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK.  
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLLC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLLC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

12078437

(If the location is currently licensed)

1. Check appropriate box → ☐ Controlling Person ☐ Agent ☒ Manager (Only)  
(Complete Questions 1-19) (Complete All Questions except # 14, 14a & 21)  
Controlling Person or Agent must complete #21 for a Manager Controlling Person or Agent must complete # 21

2. Name: Pierce Adam Steven Date of Birth: [REDACTED]  
Last First Middle (NOT a public record)

3. Social Security Number: [REDACTED] License: [REDACTED] State: Arizona  
(NOT a public record) (NOT a public record)

4. Place of Birth: Chicago Illinois USA Height: 5'11" Weight: 205 Eyes: Hazel Hair: Brown  
City State Country (not county)

5. Marital Status ☒ Single ☐ Married ☐ Divorced ☐ Widowed Daytime Contact Phone: 480-244-8400

6. Name of Current or Most Recent Spouse: [REDACTED] Date of Birth: [REDACTED]  
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? Arizona If Arizona, date of residency: [REDACTED]

8. Telephone number to contact you during business hours for any questions regarding this document. 480-244-8400

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: Twisted Lizard Premises Phone: 480-538-0211

11. Physical Location of Licensed Premises Address: 10401 E McDowell Rd Scottsdale AZ 85255  
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
1/12	CURRENT	C.M.	Twisted Lizard
6/05	1/12	Manager	Fox and Hound 1017 E Baseline Road. Gilbert AZ 85233

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↓

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
1/09	CURRENT	Rent	3221 N 37th St #9 Phx AZ 85018	Phoenix	AZ	85018
1/07	1/09	Rent	1017 E Parkside Dr C105	Phoenix	AZ	85008

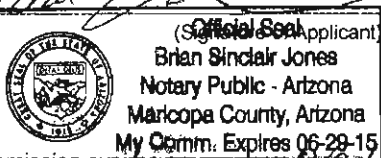
If you checked the Manager box on the front of this form skip to # 15

14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?  
If you answered YES, how many hrs/day? \_\_\_\_\_ and answer #14a below. If NO, skip to #15. ☐ YES ☐ NO
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)  
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license. ☐ YES ☐ NO
15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)? ☒ YES ☐ NO
16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? ☐ YES ☒ NO
17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? ☐ YES ☒ NO
18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? ☐ YES ☒ NO
19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? Manager @ Fox & Hound ☒ YES ☐ NO

If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement.  
Give complete details including dates, agencies involved, and dispositions.

SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

20. I, Adam <sup>Gavin</sup> Pierce, hereby declare that I am the APPLICANT/REPRESENTATIVE  
(print full name of Applicant)  
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

x Adam <sup>Gavin</sup> Pierce  
(Signature of Applicant)  
  
My commission expires on: 06/28/15  
Day Month Year

State of Arizona County of Maricopa  
The foregoing instrument was acknowledged before me this  
20<sup>th</sup> day of February, 2012  
Month Year  
[Signature]  
(Signature of NOTARY PUBLIC)

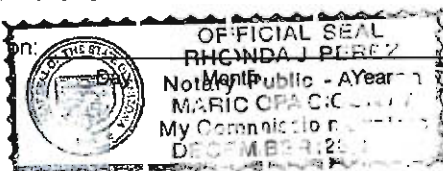
**COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT  
APPROVING A MANAGER'S APPLICATION**

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license.  
The manager named must be at least 21 years of age.

x [Signature]  
Signature of Controlling Person or Agent (circle one)  
Brendon D. Nations  
Print Name

State of AZ County of Maricopa  
The foregoing instrument was acknowledged before me this  
27 day of February, 2012  
Month Year  
[Signature]  
(Signature of NOTARY PUBLIC)

My commission expires on:





DRIVING UNDER THE INFLUENCE on the date of 1/11/08 *City of Mesa*

Pled Guilty

Adam Pierce

*Adam Pierce*

12 FEB 27 1997, LIC. PM 4:29

Arizona Department of Liquor Licenses and Control  
800 West Washington, 5th Floor  
Phoenix, Arizona 85007  
www.azliquor.gov  
602-542-5141

**CERTIFICATE OF TITLE 4 TRAINING COMPLETION**

Do Not Duplicate This Form

Certificates must be completed by a state-approved training course provider, in black ink, on an original form.

Adam S Pierce

Full Name (please print)

Signature

09/21/2010 06:38 CST

Training Completion Date

09/21/2013 06:38 CST

Certificate Expiration Date

(MANAGEMENT - 5 years from completion date)

(BASIC - 3 years from completion date)

Type of Training Completed (check Yes or No)

☒ Yes

☐ No

BASIC

☒ Yes

☐ No

ON SALE

☐ Yes

☐ No

MANAGEMENT

☐ Yes

☐ No

OFF SALE

☐ Yes

☐ No

BOTH

☐ Yes

☐ No

OTHER

If Trainee Is Employed By A Licensee

Adam S Pierce

Name of Licensee

Business Name

Liquor License #

**Alcohol Training Program Provider Information**

360training.com, Inc.

Company or Individual Name (please print)

13801 N. Mopac, Suite 100

Address

Austin

TX

78727

City

State

Zip

( 888 ) 360 TRNG (8764)

Daytime Contact Phone #

I certify the above named individual has successfully completed the training specified above in accordance with Arizona Revised Statute, Arizona Administrative Code, and the training course curriculum approved by the Department of Liquor Licenses and Control:

April Thomas

Name of Trainer (please print)

April Thomas

Trainer Signature

09/21/2010 06:38 CST

Date

Pursuant to A.R.S. § 4-112(G)(2), mandatory Title 4 liquor law training is required prior to the issuance of all new liquor license applications submitted after November 1, 1997.

The persons(s) required to attend both the BASIC and MANAGEMENT Title 4 liquor law training, on- or off-sale, will include all of the following:

Owner(s)

Licensee/agent or manager(s) actively involved in daily business operation

A valid (not expired) Certificate of Title 4 Training Completion must be submitted to the Department of Liquor Licenses and Control before a liquor license application is considered complete.

Before acceptance of a manager's questionnaire and/or agent change for an existing liquor license, proof of attendance for the BASIC and MANAGEMENT Title 4 liquor law training (on- or off-sale) is required.

12 FEB 27 09 PM 4:29

Arizona Department of Liquor Licenses and Control  
800 West Washington, 5th Floor  
Phoenix, Arizona 85007  
www.azliquor.gov  
602-542-5141

**CERTIFICATE OF TITLE 4 TRAINING COMPLETION**

Do Not Duplicate This Form

Certificates must be completed by a state-approved training course provider, in black ink, on an original form.

Adam Steven Pierce  
Full Name (please print)

Adam Pierce  
Signature

9/21/10  
Training Completion Date

9/21/15  
Certificate Expiration Date

(MANAGEMENT - 5 years from completion date)  
(BASIC - 3 years from completion date)

Type of Training Completed (check Yes or No)

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	BASIC	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	ON SALE
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	MANAGEMENT	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	OFF SALE
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	BOTH	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	OTHER

If Trainee Is Employed By A Licensee

Randy Nation  
Name of Licensee

Fox and Howard  
Business Name

Liquor License #

**Alcohol Training Program Provider Information**

Arizona Liquor Industry Consultants

Company or Individual Name (please print)

PO Box 2502

Address

Chandler  
City

AZ  
State

85244  
Zip

( 480 ) 730 2675  
Daytime Contact Phone #

I certify the above named individual has successfully completed the training specified above in accordance with Arizona Revised Statute, Arizona Administrative Code, and the training course curriculum approved by the Department of Liquor Licenses and Control:

Brian Andersen  
Name of Trainer (please print)

Brian Andersen  
Trainer Signature

9/21/10  
Date

Pursuant to A.R.S. § 4-112(G)(2), mandatory Title 4 liquor law training is required prior to the issuance of all new liquor license applications submitted after November 1, 1997.

The persons(s) required to attend both the BASIC and MANAGEMENT Title 4 liquor law training, on- or off-sale, will include all of the following:

Owner(s)

Licensee/agent or manager(s) actively involved in daily business operation

A valid (not expired) Certificate of Title 4 Training Completion must be submitted to the Department of Liquor Licenses and Control before a liquor license application is considered complete.

Before acceptance of a manager's questionnaire and/or agent change for an existing liquor license, proof of attendance for the BASIC and MANAGEMENT Title 4 liquor law training (on- or off-sale) is required.